

NOV 20 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32797

1. PLACE OF DEATH

County.....Buchanan

Registration District No.....

Township.....

Primary Registration District No.....

City.....St. Joseph, (No. St. Joseph's Hospital

File No.....

Registered No.....

St.....Ward)

2. FULL NAME

Miles Whitaker

(a) Residence. No.....St.....Ward.....

(Usual place of abode)

Cameron, Mo.

Length of residence in city or town where death occurred

yrs.

mos.

25 da.

How long in U.S., if of foreign birth

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Nannie Whitaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 6, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

59

11

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

DeKalb Co., Mo.

10. NAME OF FATHER

Polk J. Whitaker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

DeKalb Co., Mo.

12. MAIDEN NAME OF MOTHER

Eunice Curtis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

DeKalb Co., Mo.

14.

INFORMANT

(Address)

Nannie Whitaker

Cameron, Mo.

15.

FILED

10/18, 1928

John J. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 18, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Sep. 25, 1928 to October 18, 1928 (that I last saw him alive on 10/14.00 A.M., 1928, and that death occurred, on the date stated above, 10/18.00 A.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

134 E

122 B

CONTRIBUTORY (SECONDARY)

Venice calcareous

(duration)

yrs.

mos.

da.

18. WHERE WAS DISEASE CONTRACTED,

IF NOT AT PLACE OF DEATH?

Cameron, Mo.

1. DID AN OPERATION PRECEDE DEATH?

DATE OF

Sep. 25-1928

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Operation for Venous thrombosis

(Signed)

Camp [Signature]

M. D.

Oct. 18, 1928 (Address)

731 Farson St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cameron, Missouri

Oct. 20, 1928

20. UNDERTAKER

ADDRESS

Walter Meinhoff

1302 Farson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

